DMHMRS 01-02
attachment I

DEPARTMENT FOR MENTAL HEALTH AND MENTAL RETARDATION

POLICY REVIEW

Number and Title of Policy: DMHMRS

Staff Member Assigned Review:

Procedures Needing Revision:

New Procedures Needed:

Revisions Already Submitted:

Comments:

I certify that the above policy has been thoroughly reviewed, and any need for revision has been noted.

SIGNATURE **DATE**